



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

\$1625
(Fee)

Appn No.: 09/595,218
Filed: June 16, 2000
Applicant(s): Biedermann et al.
Title: Cyclic Imide-Substituted
Pyridylalkane, Alkene, Alkine
Carboxamides Useful as Cytostatic
and Immunosuppressive Agents
Art Unit: 1625
Examiner: Davis, Zinna Northington
Attorney Docket: 69053
Customer No.: 22242

Confirmation No. 2204

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

02/03/2006
Date

Timothy E. Levstik
Registration No. 30,192
Attorney for Applicant(s)

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment/reply in the above-identified application.

- ☐ An Appendix including amended drawing figures labeled as "Annotated Marked-up Drawings" is enclosed.
- ☒ A Petition for Extension of Time for reply within the 3rd month is attached.
- ☐ No additional fee is required.

Fee Calculation For Claims As Amended

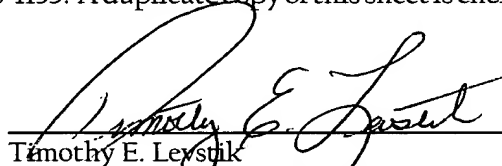
| | As Amended | Previously Paid For | Present Extra | Rate | Additional Fee |
|-----------------------------------|------------|---------------------|---------------|----------------------|----------------|
| Independent Claims | 2 | 3 | 0 | x \$ 200.00 = | \$ 0.00 |
| Total Claims | 56 | 51 | 5 | x \$ 50.00 = | \$ 250.00 |
| Fee for Multiple Dependent Claims | | | | \$ 360.00 | |
| ** At least 3 | | | | Total Additional Fee | \$ 250.00 |
| * At least 20 | | | | | |

- ☐ A check in the amount of \$_____ is enclosed.

Application No. 09/595,218
Amendment dated February 3, 2006
Reply to Office Action of August 3, 2005

- ☒ Charge \$ 200.00 to Deposit Account No. 06-1135.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in this application under 37 C.F.R. §§1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 06-1135. Should no proper payment be enclosed herewith, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1135. A duplicate copy of this sheet is enclosed.

February 3, 2006
Date



Timothy E. Levstik
Registration No. 30,192

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